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Shortages of doctor-patient communication. Teaching patients to communicate effectively

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Abstract

Specific behaviours during the patient-physician interaction are associated with a higher degree of satisfaction and improved patient health-outcomes. Our aim was to present arguments also for a structured patient education program by proving a correlation between patient satisfaction and quality of interaction. We analysed 84 doctor-patient interactions: relevant behavioural elements, gestures and speech acts, considered by us essential in a therapeutic relationship, confirming, that encounters generally lack gestures, which might help patients feel comfortable during the consultation, however – also confirmed – patients are more satisfied when these needs are somehow satisfied. We believe, there are teachable techniques, which may help patients to get the most from their providers.

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1. Introduction

Social, political, scientific and economical changes of the late decades in our country influenced medical practice as well as medical education. All these changed substantially the relationship between doctors and patients. The paradigm-shift affected both: patients and providers and also the mutual relationship, as step by step were obfuscated those dominant behaviours in physicians' role, which defined the traditional doctor-patient relation.

However technological progress, medical innovations have generated a more efficient medical practice, when trying to overcome disease, though: it caused physicians performing in a routine manner (Osorio, 2011; Fong, Longnecker 2010). As a result, patient-dissatisfaction and many complains are due to the breakdown in the doctor-patient relationship (Verlinde & De Laender 2012).

Several studies have shown also, that medical universities contributed essentially to dehumanization of medicine, process which distanced them more and more from their idealist role in the society (Ansprach, 1988; Meunier, Merckaert. et al., 2013).

Meantime, many results proved that doctors with good interpersonal abilities will detect earlier patients' problems, prevent decompensation and further expensive interventions. Generally, they represent a psychological support for their patients (Parker & Clayton et al., 2007).

Specific behaviours are associated with a reduced frequency of denunciations and malpraxis, and some communication models proved to correlate with a higher degree of satisfaction, from both sides: patients and physicians (Gasparik & Abram, 2012).

We tried to evaluate with qualitative and quantitative methods the behavioural features of a doctor-patient encounter in Romanian ambulatory clinics, and bring arguments and recommendations for the emergent need of patient-education, in order to improve doctor-patient relationship.

2. Objectives

- Evaluation and identification of relevant behavioural elements, defining therapeutic relationship during a doctor-patient interaction.
- To present reasons for a structured patient education program.

3. Methods

We used a transversal analysis, including 84 doctor-patient interactions in 14 public practices in Târgu Mureş, Sighişoara, Reghin, Oradea, Beiuş, Băile Felix, Miercurea Ciuc, internal medicine, cardiology, rheumatology, physiotherapy, ophthalmology, neurology. There were both: patients on their first visit, and control-visits. Average age of the patients (62% female) was 58, age of doctors 46 (55% male). Majority of the patients 71% were urban, 23% with university degrees.

We analyzed the interaction, the behaviour and the way physicians make patients feel comfortable or offer them by their gestures an emotional support. The followed parameters were some speech-acts, gestures, intended to underpin a therapeutic relation or decrease the patients' discomfort.

The following elements were noticed: if doctors presented themselves or let patients do it, if physicians stand up from their chairs when patients entered, patients' possibility to take out their coat or take a sit during discussions, encouraging patients to express questions, fears and structured conclusions of important messages at the end of the meeting.

It was also observed, if the doctor had an eye contact with the patient, if explanations and information were clear and sufficient, doctors' listening skills and willingness to adapt to patients' level of understanding.

Adapting language (simple expressions) to patients' understanding had the highest rate, while presenting themselves, encouraging questions, clear conclusions at the end: were seldom observed. We divided results in two groups: first, where patients did not have the opportunity to take a sit or take their coat out or get no eye-contact at all. Table no 1 illustrates this ranking.

Table 1. Ranking: behaviour elements

Analysed elements	Ranking /points	
	<i>Maximum 84</i>	
Adaptation	32	42
Clear explanation	27	38
Sufficient information	27	36
Eye-contact	25	40
Listening skills	22	42
Possibility to take out a coat	15	34
Possibility to take a sit	12	26
Standing up when patient enters	12	18
Encouraging questions	4	20
Summary, conclusions	3	6
Presenting him/herself	2	4
Patient satisfaction	15	38

4. Discussions

There was confirmed that patient-physician interaction is characterised by penury of gestures and speech-acts which might help patients feel comfortable/uncomfortable. It was also confirmed that patients are more satisfied when these parameters are better represented (the two groups: satisfied patient 15 vs 38).

However, communication skills are not an organic part of doctors' professional knowledge, they are elements of behaviour and adaptation system of the physicians personality and have a huge role in healing patients. Even if they do not acknowledge consciously, patients decode these gestures, they will re-process it later in a cognitive way.

Is well known the fact that the majority of the patients do not receive the adequate information and even if they receive it, they will forget more than half of them according to international studies (Sudbury, 2010). Healthcare institutions recognized that improvements have been seen in patients' safety and adherence to interventions, as well as their satisfaction with their healthcare experience after participating in different educational programs (Meunier & Merckaert et al., 2013).

Patients should require dialogue with their doctors, according to their needs. Being organized, concise, defining questions in advance, keeping focused on the main problems and fears, providing physicians with accurate, relevant information about accuses, treatment, side effects, circumstances when they occurred: are all teachable skills. Keeping a track of symptoms and concerns between visits, writing memo-s before or during the encounter can prevent to forget important points.

How much a patient is willing to know about a disease will be clear to the patient, if it is expressed by this.

To let a health-provider know about a patient's complain or dissatisfaction requires assertiveness. This can be also educated. Patient must also share his/her availability to get involved in a shared decision taking regarding the treatment.

5. Conclusions

We found in our work serious shortages of doctor-patient interactions. Especially: lack of doctor's supportive behaviour, accentuating in the meantime its importance, from patient's point of view.

We can state that the impact of dereliction of verbal and non-verbal communication proves the importance and necessity of a conscious education and improvement of both: doctors and patients.

Patients must be able to dialogue with their doctors according to their needs. There are teachable techniques, which may help them to get the most from their providers, improve their communication and make it as effective as possible.

Taking in consideration, that the main Romanian medical universities introduced communication in their

curricula, discussing the efficiency of this: is not the topic of this paper. We wished to emphasize, instead, the need of educating patients.

There should be identified the main goals and modalities of an effective patient education program in Romania.

More work is required to research the optimal methods of teaching patients structured and effective communication with their doctors.

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